

DRIVER'S HEARING REQUEST

SUBJECT'S NAME (Last, First, MI)	SEX F	DATE OF BIRTH	DATE/TIME OF ARREST
DRIVER LICENSE NUMBER			

Pursuant to RCW 46.20.308, this serves as your notice of the Department of Licensing's intent to suspend, revoke or deny your license, permit, or privilege to drive.

You have the right to request a formal hearing to contest the suspension, revocation or denial. Your request must be made in within thirty (30) days after receipt of this notice, and may be made either online or in writing. A fee of \$100 must be paid as part of the hearing request unless you are determined to be indigent as defined in RCW 10.101.010. If your request is not made within thirty (30) days from receipt of this notice, or the \$100 fee or Application for Fee Waiver Due to Indigence (see reverse) is not included, you will be deemed to have waived your right to a hearing.

ONLINE REQUEST – If you have a Washington driver license and a valid MasterCard or Visa credit card, you may be able to apply for a hearing online. For more information about hearings, including the online hearing application, please visit the DOL website at http://www.dol.wa.gov/ds/hrnginfo.htm

WRITTEN REQUEST – You may choose to request a hearing in writing. The request must be postmarked within thirty (30) days after receipt of this notice. When completed, mail request form and \$100 fee to: Department of Licensing, Hearings and Interviews, PO Box 9048, Olympia, WA 98507-9048

INDIGENCY– If applying for waiver of fee due to indigence, mail request form and fee waiver application (see reverse) to: Department of Licensing, Hearings and Interviews, PO Box 9031, Olympia, WA 98507-9031

Issues at a hearing are:

- 1. Whether you were under arrest.
- 2. Whether an officer had reasonable grounds to believe you had been driving or were in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or any drug, or whether an officer had reasonable grounds to believe you had been driving or were in actual physical control of a motor vehicle within this state while having alcohol in your system of 0.02 or more and were under the age of twenty-one.
- 3. Whether you were advised of your rights and warnings as required by RCW 46.20.308(2).
- 4. Whether you refused to submit to the test, or If the test was administered, whether the test indicated an alcohol concentration of 0.08 or more if you were age twenty-one or over, or 0.02 or more if you were under twenty-one.

ATTORNEY'S NAME (If any)			YOUR SIGNATURE			
ATTORNEY'S ADDRESS			PRINT YOUR NAME			
CITY	STATE	ZIP	YOUR MAILING ADDRESS			
ATTORNEY'S (AREA CODE) PHONE NUMBER			YOUR CITY	STATE	ZIP	
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ATTORNEY'S (AREA CODE) FAX NUMBER			YOUR DAYTIME (AREA CODE) PHONE NUMBER			
ATTORNET 3 (AREA CODE) TAX NOMBER			TOOK DATTIME (AREA CODE) FROME NOMBER			
			YOUR (AREA CODE) FAX NUMBER			

YOU ARE HEREBY ADVISED that if parties or witnesses are hearing or speech impaired and/or non-English speaking, a qualified interpreter will be appointed at no cost to you. Complete the following information if you need an interpreter.

☐ I need an interpreter ☐ I am Hearing Impaired	REQUEST FOR INTERPRETER		PRIMARY LANGUAGE	DIALECT
	☐ I need an interpreter	☐ I am Hearing Impaired		

APPLICATION FOR WAIVER OF HEARING FEE

If you have been charged with a crime arising out of your arrest for DUI, and have been denied a court-appointed attorney because you are not indigent, you are not eligible for waiver of the hearing fee. In such case, a check for \$100 must accompany your hearing request. If you have not been denied court-appointed counsel for this reason, mail this completed application to Department of Licensing, Hearings and Interviews, PO Box 9031, Olympia, WA 98507-9031. Applications for hearings must be made within 30 days of the date of arrest to avoid denial.

NAME (Last, First, Middle Initial)			DRIVER I	LICENSE NUMBER		DATE OF ARREST
MAILING ADDRESS						
CITY		STATE	ZIP CODE		DAYTIME (AREA	CODE) PHONE NUMBER
GITT		SIAIL	ZIF CODE		DATTIME (AINEA	CODE) FIIONE NOMBER
CHECK ANY STATEMENT BELOW THA	IT IS TRUE:					
	ed a public defender to represer					
requesting a Departme	ent of Licensing administrative h	earing.	A copy of cou	ırt appointme	nt is attache	d.
☐ I am currently involunt	arily committed to a public ment	al health	facility. Orde	er is attached		
	mporary assistance for needy fa	amilies	[refugee res	settlement be	enefits
	eneral assistance			medicaid		
po	overty-related veteran's benefits			_ supplemen	ital security i	ncome
□ fo	od stamps					
Doc	umentation of the receipt of bend	efits is a	ttached.			
	ements are true, complete the			l submit with	your heari	ng request.
ELIGIBILITY INFORMATION	e true, continue and complete	the foil	owing:			
	in your household (include self)					
•						
	olicant live with parents? f parent(s) with whom juvenile re					
ii Yes, state name of	parerii(s) with whom juverille re	esides ai	iu ariswer qu	estions belov	v ioi pareiii(S).
Manthly Income						
Monthly Income	athly tales because year				,	
	nthly take-home pay					·
	mily member or other person wi				,	
	to defray applicant's basic living					
	other income (specify)					
Pensions, annuities, s	ocial security and/or public assis	stance (specity)			·
Monthly Expenses						
Basic living costs (ave	erage monthly amount spent by a	applican	t for			
shelter, food, utilitie	es, health care, transportation, cl	othing, I	oan payment	S,		
support payments a	and court-imposed obligations) .					S
Other unusual expens	es, including bail obligations (sp	ecify) .				S
Liquid Assets						
	ccounts, including joint accounts	8				\$
_	ates of deposit					
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	e necessary to maintain employr					
	otor vehicles					
Equity in additional file	otto vermoide					
	nder penalty of perjury under the			•		,
	and correct and that I have not b					
i autnorize the Departmen	t of Licensing to verify all inform	ation pr	oviaea nere, 1	wnich may ind	ciuae a crea	it report.
Χ						
SIGNATURE	DATE SIGNED) PLA	CE SIGNED			
				FOR	R DEPARTMENT	USE ONLY
The Department of Licensing has	a policy of providing equal access to its	services.			/	

If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116. HRNG-525-001 APP FOR WAIVER OF HEARING FEE (R/12/02)OR/W Page 2 of 2

FOR DEPARTMENT USE ONLY				
Approved	Denied	Ву _		